

Atty. Docket No: 991-8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Robert M. Landis EXAMINER: Shumaya B. Ali
 SERIAL NO.: 10/618,799 GROUP: Art Unit 3743
 FILED: July 14, 2003 DATED: October 25, 2005
 TITLE: DYNAMIC INFANT NASAL CPAP
 SYSTEM AND METHOD

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir/Madam:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

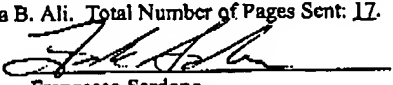
	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL	* 24	MINUS	** 24	= 0	x 25=	\$		x 50=	\$
INDEP.	* 3	MINUS	*** 3	= 0	x 100=	\$	OR	x 200=	\$
					x 180=	\$		x 360=	\$
					TOTAL	\$ 0.00		TOTAL	\$ 0.00

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.
 *** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

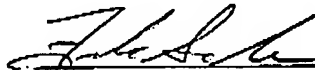
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below. Fax No.: (571) 273-6088. Attn: Examiner Shumaya B. Ali. Total Number of Pages Sent: 17.

Date: October 25, 2005

 Francesco Sardone

- ☐ Please charge Deposit Account No. 50-2140 in the amount of \$. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ is enclosed.
- ☐ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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